SSB3: ATM CARD/ PHONE BANKING UPDATES

To: DBS Bank – Account Services, 60 Alexandra Terrace, #05-16/17, The Comtech, Singapore 118502

Account holders between 12 and < 16 years old are not eligible to change withdrawal limit/ include accounts without parental/guardian/joint holder consent.

ATM CARD REPLACEMENT / UPDATES

Name _____ IC/Passport No. _____ Contact No: _____

Existing ATM Card No : _____ Mobile No: _____

☐ **Replace ATM Card** due to:
- ☐Lost Card/ PIN* *(Cashcard balance not refundable for lost card)*
- ☐Forgotten PIN
- ☐Non-receipt of Card/ PIN*
- ☐Damaged/ Faulty Card*
- ☐Change of Language Choice (available only for DBS ATM Cards)
  ☐ English ☐ Selection at ATM

A $5 replacement fee is applicable for:
- Lost Card/ PIN
- Forgotten PIN
- Damaged Card

☐ **Cancel Card.** Do not replace Card.

☐ **Change Primary Account No.** _____ *(For transactions without account selection & card / PIN mailing address)*

☐ **Include Account No.** _____ , _____, _____

☐ **Delete Account No.** _____ , _____, _____

☐ **Daily NETS limit** ☐ $500 ☐ $1000 ☐ $2000(std) ☐ $3000
(Default $200 for < 16, NETS limit change not allowed for < 16)

☐ **Daily ATM Cash Withdrawal Limit** ☐ $500 ☐ $1000 ☐ $2000(std) ☐ $3000

☐ **Daily ATM 3rd Party Funds Transfer Limit** ☐ $3000 ☐ $5000

☐ **Refund of Balance in CashCard Chip on ATM Card**
IMPT: Verify chip balance & CUT UP card (across chip) in customer's presence. Certify card destruction in 'For Branch Use' box.
If you are unable to read/verify the chip balance, please do not cut across the chip. Please send the card to T&O – Account Services – Channel Application.
NOTE: Refund will be based on the chip balance or the Bank's host balance whichever is lower

For branch use: **CHIP BALANCE = _____(amt)**
Card destruction on _____(date) certified by

…… & ……
Name/Sig (Staff A) and Name/Sig (Staff B)
(one staff to be at least "I" signer)

☐ **Overseas access on my ATM card** ☐ De-activate ☐ Re-activate

☐ **Others:** _____

PHONE BANKING REISSUANCE

☐ **Lost/ Forgotten/ Non-receipt of*:** ☐ PIN *(New PIN will be issued)* ☐ PIN & USER ID *(New PIN and User ID will be issued)*

☐ **Acknowledge** that I have selected my Phone Banking PIN at DBS Bank

ATM CARD ACKNOWLEDGEMENT

Card No : _____

Account No: _____

I acknowledge that I have (tick one): ☐ Received both my ATM card and PIN via mail. Please activate the use of my Card.
☐ Received the ATM card & selected my ATM card PIN over the branch counter.

Declaration: I have received a copy of, read and understood and I agree to be bound by the terms & Conditions Governing Electronic Services and, where applicable, the Terms & Conditions Governing Accounts, the Terms & Conditions Governing DBS Savings Plus Accounts, the DBS Debit Card Cardholder Agreement and the Debit ATM Card (Unembossed Cards) Agreement.

_____ _____
Signature/ Thumbprint# Account Holder Date

Parental/ Guardian/ Joint holder consent:

I, parent/guardian* _____, IC/Passport No: _____ &
joint holder _____, IC/ Passport No: _____ am giving my consent to the Bank to change of the daily withdrawal limit / create the ATM link to my account*
for _____ , IC/Passport No: _____
.

_____ _____
Signature/ Thumbprint# of Parent/ Guardian Signature/ Thumbprint# of Joint Holder

* to delete accordingly # **Thumbprint taking to be witnessed at branch**

FOR BANK'S USE ONLY

Action by Branch *For SSB Applications* Signature/Thumbprint Verified by: _____ Authorised by: _____ Branch Name/ Branch Code: _____	Action by Branch *For ATM PIN / Phone Banking PIN Acknowledgement* Attended by: _____ Authorised by: _____ Branch Name/ Branch Code: _____	Action by Account Services (CP no: CT0008) Authorised by: _____ Keyed in by: _____ Report checked by: _____